

**SummerScience '09 - Registration**  
Complete and return with \$195 check by May 5<sup>th</sup>.

Child's Name \_\_\_\_\_ Current Teacher \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mom's name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Dad's name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Emergency contact persons to be called in an emergency if parents cannot be reached. (Someone who will know your whereabouts and/or can pick up your child if he/she becomes ill at school.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Child care provider if applicable \_\_\_\_\_ Phone \_\_\_\_\_

Known allergies \_\_\_\_\_

Special health considerations \_\_\_\_\_

Carpool members (if applicable)  
Siblings attending (if applicable)

\* \* \* \* \*

**Parent Resource**

\_\_\_\_\_ Yes, I'd like to volunteer to help with SummerScience.

I would like to:

Help at carpool time \_\_\_\_\_

Help at a center \_\_\_\_\_

Drive for or chaperone a field trip \_\_\_\_\_

\* \* \* \* \*

**Emergency & Field Trip Permission**

In case of an emergency, in the event that a parent cannot be reached, the school has my permission to call the doctor or proceed with other necessary precautions.

Further, my child \_\_\_\_\_ (name) has my permission to attend any field trips planned during SummerScience (May 27 –June 9, 2009). I understand that I will be notified of the destination and travel arrangements prior to the trip.

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_